Inside RASC

Rockford Ambulatory SURGERY CENTER

Volume 3, Issue 1

Nation's Oldest Nursing Specialty

Nurse anesthetists perform an important role in patient care.

Dr. George Arends (center), Medical Director and anesthesiologist, with CRNAs Laura Minore (left) and Brenda Cormier

One of the most rewarding moments for a nurse anesthetist is when a patient wakes from surgery and asks, "Is it over already?" The patient is grateful and relieved because the surgery has gone without a hitch. Throughout the surgical procedure, while the patient slept and the surgeon worked, the nurse anesthetist was there monitoring every heartbeat and breath.

Nurse anesthetists, formally certified registered nurse anesthetists (CRNAs), have a long history

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Survey: Surgery Center Popular and Well-Liked

Satisfaction with experience at RASC very high, according to newest survey results.

Customer satisfaction is imperative in all industries. For any business to thrive — especially a service-related business like Rockford Ambulatory Surgery Center — it must listen to its customers. Patients look for a positive experience at the surgery center. To be sure, patient satisfaction is a subjective judgment, but it creates more business for the surgery center and our staff physicians.

"Patient satisfaction is a driving force when patients have a choice of health care providers or the opportunity to recommend the surgery center to others," observes Dr. George Arends, Medical Director. "The patient makes the demands about the quality of service he or she receives here. That is why we consider each patient as unique."

Surgery center staff have amassed an enviable record in ensuring that patients and family members leave the facility feeling good about their time here. That record is amply documented in our patient satisfaction survey.

"The comments we receive from patients about what they like and how they were treated are

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Nurse Anesthetists: Vital part of the expert care given at Rockford Ambulatory Surgery Center

Many Happy Returns: Safely reprocessing and reusing surgical instruments

Special Report: Second part of our series on Infection Control

Dedicated CRNAs

The surgery center has access to a pool of highly professional CRNAs from Rockford Anesthesiologists Associated, LLC. The following CRNAs have delivered high-quality anesthesia care at RASC in the recent past:

Lori Anderson
Cathy Aron
Amanda Briggs
Tracy Bedford
Brenda Cormier
Dan Claunch
Stephanie Dulian
Barb Eland
Shauna Glenn
Karen Gustafson
Stephanie Michelet
Laura Minore
Malynnda Mueller
Darcy Myers
Donna Pillath
Agata Reja
Judy Schmidt
Sam Schwegler
Kathy Starck
Sue Stein
Greg Vayl
Kim Watson
Margaret Wilson

CRNA Prerequisites

Prerequisites may vary a little from institution to institution; however, to become a CRNA, a nurse must earn a master of nurse anesthesia degree. Upon completing the two- to three-year training program, the nurse anesthetist is required to pass the national certification examination and then be certified by the Council on Certification of Nurse Anesthetists. Acceptance into a training program requires a bachelor of science degree in nursing from a registered nursing school or other appropriate bachelor's degree, a current license as a registered nurse and at least one year of practice in a critical or acute care setting.

CRNAs *Continued from cover*

Laura Minore, CRNA

spanning more than 150 years. In fact, the nation's oldest clinical nursing specialty originated around the time of the Civil War. This advanced practice nursing specialty involves challenges and responsibilities. Nurse anesthetists take care of patients before, during and after surgical procedures. They remain with a patient from the preoperative evaluation through surgery and into recovery. They monitor important body functions during the surgery, ensuring that a patient is as safe and comfortable as possible.

Throughout the procedure, the nurse anesthetist monitors the patient's heartbeats and breathing.

"The anesthesiologist is present in the operating room for the critical aspects of the anesthesia and immediately available throughout the procedure to check on the patient and assist the CRNA," says Dr. George Arends, Medical Director, who oversees the anesthesia care team.

As the nurse anesthetist monitors the patient, the anesthesiologist is free to perform other tasks outside the operating room until the patient emerges from anesthesia. Furthermore, the anesthesiologist has the final word on whether the patient is ready to be discharged.

What qualities and skills contribute to success in a nurse anesthesia career?

"Confidence, sensitivity toward patients and the ability to work well with other health care professionals, such as anesthesiologists, surgeons and dentists," Dr. Arends states. "CRNAs combine critical thinking and decision-making skills with advanced knowledge."

Soaking Up the SUDs

Surgery center contracts with reprocessor of single-use devices for reuse.

Historically, most medical devices were designed to be used more than once. Metal, glass and rubber items could be disinfected and reprocessed for countless reuses. In the 1980s, the health care industry shifted to single-use devices (SUDs), often made of plastic, mainly because of convenience and reducing the risk of cross contamination.

"Throwaways replaced permanently reusable surgical tools," says Dr. Steve Gunderson, CEO/ Medical Director. "With the rising price tags for medical instruments and waste disposal, the pendulum has swung back toward reusing formally disposable items."

RASC is among the health care providers embracing this trend. We recently started working with Medisiss, a registered third-party medical device reprocessor founded in 1997.

"Reprocessing surgical devices that generally have been deemed disposable offers a tremendous advantage," Dr. Gunderson says. "In addition to the cost savings, reprocessing these devices is a form of recycling. It pays dividends in waste and community benefit."

SUDs are intended for, of course, one time. But the U.S. Government Accountability Office (GAO) considers the practice of reprocessing used, open or date-expired devices OK under certain conditions. Twice — in 2000 and again in 2008 — the GAO determined that reprocessed SUDs pose no elevated health risk to patients.

"In addition to the cost savings, reprocessing these devices is a form of recycling."

Third-party reprocessors have safely reprocessed approximately 50 million devices, according to the Association of Medical Device Reprocessors. And medical device reprocessing is stringently regulated by the U.S. Food and Drug Administration.

"Since 2000, the FDA has taken steps to require that reprocessing companies meet higher standards for their products than expected of original-device makers," Dr. Gunderson explains.

While not all SUDs lend themselves to reprocessing, the variety of devices that are

A Health Care Professional With a Passion for Data

Health information specialist Cindi Peterson

Cindi Peterson, BA, RHIT, has worked in health care for over 35 years. She began her career in the 1970s as a surgical technologist. Once bitten by the health information bug, there was no turning back.

"I decided to continue my education and became acquainted with the field of health information management," Cindi recalls. "Mentors at SwedishAmerican Hospital encouraged a deeper understanding of the many ways health information is utilized. Take coding diagnoses in patient records, for instance. This information is used not only for reimbursement and cost management, but also disease treatment and research."

A registered health information technician since 1989, Cindi ensures the security and accuracy of medical records and analyzes patient data. Statistics that she generates aid in assessing the quality of health care programs and checking compliance with standards.

After joining the surgery center in 1995, Cindi helmed the Business Office from 1996 through 2008. The center's original quality improvement and risk management plans are her creations. She designed the programs and conducted the business of the resulting Quality Assurance/ Improvement and Risk Management committees.

These days, Cindi serves in a consulting capacity, handling quality and risk management issues. She coordinates the preparation of documents for the accreditation every three years by the Accreditation Association for Ambulatory Health Care. Education of staff on quality and activities that relate to patient safety comes under her responsibilities.

"I have always been drawn to the legal aspects of my discipline," Cindi says. "Quality and risk are heavily weighted in legalities."

In addition, as HIPPA (Health Insurance Portability and Accountability Act) coordinator, Cindi administers procedures that safeguard the confidentiality and safe handling of protected health information under the HIPPA Privacy Rule.

"This is the most exciting part of my work," she says. "I am always learning new things. There is much to stay abreast of because the federal regulations have evolved since 2003."

SPECIAL REPORT

Infection Control Part Two

Rockford Ambulatory Surgery Center has a coordinated process in place to reduce the potential for infections in patients and health care workers. Thanks to a strong preventive focus, the Infection Control Program enhances the quality of patient care and the safety of patients, employees, physicians and visitors.

"Safety is a priority at Rockford Ambulatory Surgery Center," says Dr. Steve Gunderson, CEO/Medical Director. "Every individual here plays a role in advancing patient, visitor and employee safety."

Collaboration between departments is the bedrock of this data-driven program. The surgery center, with the active participation of administrative, office and medical staff, conducts rigorous self-assessments. Ongoing assessments are critical to pinpointing areas of concern, specific problems and opportunities for improvement.

"Continuous surveillance, staff education, adoption of appropriate prevention strategies and implementation of regulatory requirements support our infection control goals," Dr. Gunderson says. "Recent initiatives include the facility-wide hand hygiene program."

The integration of infection control systems, quality improvement methodologies and risk management practices is a logical marriage. Combining these valuable resources erects a sturdy foundation.

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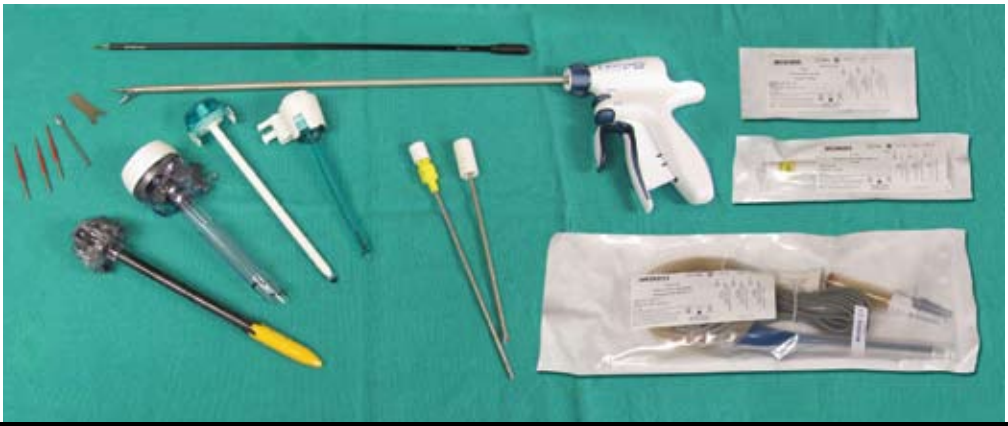
candidates might surprise you. Many of the durable orthopedic devices are reprocessable, as are a number of devices used in minimally invasive surgery.

RASC sends arthroscopy shavers and abraders, along with orthopedic drill bits, saw blades and burrs to Medisiss for reprocessing. Medisiss takes compression sleeves, laparoscopic/ endoscopic trocars and ultrasonic scalpels as well. The same devices are returned after Medisiss has cleaned, tested, refurbished (if necessary), packaged and sterilized them at a fraction of the cost of buying new ones.

Reprocessable devices cannot withstand unlimited reprocessing cycles. Medisiss validates every aspect of the reprocessing operation with this limitation in mind. The most that the items we send to Medisiss can be reprocessed is five times.

"Each device must meet the minimum performance specifications, regardless of the number of allowable cycles," Dr. Gunderson notes. "If the device fails the performance test, it is not returned to the surgery center."



Did You Know?

The surgery center reported 4,773 patient visits in 2010.

Patient Satisfaction Continued from cover

99.9 percent positive and have been since the start of the surgery center," Dr. Arends says.

Everyone involved

The survey contains 10 questions submitted by clinical and administrative staff. Phrased in a "Yes" or "No" format, they change several times a year to elicit different information.

"Some questions relate to pain control, nausea and vomiting, and others to whether the patient received appropriate instructions before and after the procedure," Dr. Arends points out. "We always include open-ended questions and provide enough room for comments. Patients write about their likes or dislikes on everything from the preoperative phone call to their departure from the facility. Patients rate the nursing, anesthesia and physician care. They note the helpfulness of the person in reception."

The surgery center gets back about 50 percent of the surveys filled out by patients.

"Patients receive a printed survey and a self-addressed stamped envelope with their discharge instructions," Dr. Arends says. "We make it as easy as possible for patients to complete and return the survey."

"The comments we receive from patients are 99.9 percent positive and have been from the start."

Consistent review

The surgery center reviews survey responses on a monthly basis and compiles both quarterly and annual results. The Quality Assurance/ Improvement Committee determines if action is warranted. Management makes any necessary improvements to increase patient satisfaction.

"Patient feedback has led to changes at the facility and in the processes we undertake," Dr. Arends says. "Revisions in intake procedures intended to shorten patients' stay were directly related to survey comments. We also added a TV room with a vending machine to help entertain patients' family members and visitors that spend longer periods of time waiting."

Patient loyalty

Word of mouth is alive and well at the surgery center. The one question that consistently appears on the survey is, "If you or a family member needed an outpatient procedure, would it be performed at RASC?"

"The answer has been 'Yes' essentially 100 percent of the time over the years we have presented this survey," Dr. Arends says. "We find that people who come to the surgery center will return three, four or five times to have other procedures performed or will recommend that family members have procedures done here. We are extremely happy with the way people receive the surgery center and the care we give."

Scheduling Tips

- Doctor's orders given during the scheduling call must be received by a registered nurse or faxed to our Preoperative Department at (815) 229-5963.
- Weight restriction for patients is 350 pounds. Direct any questions regarding Body Mass Index guidelines to the Preoperative Department at (815) 231-5438.
- Currently, RASC is not certified to accept Illinois Public Aid.
- For special equipment and supply requests, contact our Materials Management Coordinator at (815) 231-5410.
- Call our Insurance Verification Coordinator at (815) 231-5402 for insurance questions.
- Cases are usually completed by 3 p.m.
- To cancel a case for the next day after hours, please call our main number at (815) 226-3300 and leave a voicemail.
- Fax information for scheduling a case to Surgery Scheduling at (815) 226-4549.

Don't Forget Employer Information

It's important to provide the required data, such as patient's full name, date of birth, Social Security number, address and phone numbers. It's sometimes easy to overlook the patient's place of work. Be sure to provide accurate employer information.

Did You Know?

The average length of time for surgery at RASC is 41 minutes.

Infection Control Continued from page 3

"Efforts to prevent transmission of disease and protect the health and safety of patients and health care workers are closely intertwined," Dr. Gunderson says. "You are not delivering high-quality care if you are not managing risks."

Gina Hartman, Infection Control Program Coordinator

The Quality Assurance/Improvement (QA/I) Committee is responsible for measuring, analyzing and reporting quality indicators, adverse patient events, infection control, medical necessity of procedures performed and appropriateness of care. Findings from these evaluations form the basis for revisions to surgery center policies.

As its name suggests, clinical risk management improves the quality and safe delivery of health care by preventing or controlling situations that may put patients at risk. The Risk Management (RM) Committee is charged with analyzing risks and taking steps to minimize losses.

The coordinator of the Infection Control Program participates in QA/I - RM activities and presents infection control recommendations to the committees. The surgery center appointed Gina Hartman, RN, to be coordinator. Gina has the authority to implement, enforce and monitor the effectiveness of infection prevention and control measures.

The Medical Advisory Committee directs all quality activities. The Board of Directors has overall responsibility. The board receives quarterly Quality Improvement Reports from the Medical Advisory Committee.

"Effective quality improvement requires valid and reliable data," says Cindi Peterson, a registered health information technician who devised the surgery center's original quality improvement and risk management programs in 1996.